The Public Health Journal

VOL. X JUNE, 1919 No. 6

Presidential Address*

The Necessity of Legislation to Prevent the Marriage of Physical and Mental Defectives and Those having Communicable Diseases

CANADIAN PUBLIC HEALTH ASSOCIATION.

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OUR code constitutes the ministers of religion of the various denominations, officers of civil status for the purpose of solemnizing baptisms and marriages and enregistering them. It also provides the hindrances to marriage: and in article 127, it provides that other hindrances admitted according to the different religious beliefs as resulting from relationship or affinity, or other causes, remain subject to the rules hitherto followed in different churches and religious societies; and in article 129 it is provided as follows: "Nevertheless no one of the functionaries thus authorized can be obliged to celebrate a marriage against which there exists any impediment according to the doctrines and beliefs of his religion and the discipline of the church to which he belongs".

Apart from this, every minister, in charge of a church, is obliged to celebrate marriages among the members of his church when demanded, unless there exists some legal impediment.

At the present time, as far as I am aware, there is no law in Canada to prevent the marriage of the unfit, outside of an Insane Asylum, providing that a clergyman or magistrate is found willing to perform the ceremony. Such a state of things should not exist among intelligent people.

* Read at the Eighth Annual Congress of the Canadian Public Health Association, held in Toronto, May, 1919.

A prominent clergyman was lately asked to sanction a proposal, that the clergy refuse to marry a couple, unless a medical certificate of good health was produced by the groom. His answer was that "if he refused to marry them, they would live as man and wife without marriage and in that case he would choose the lesser of the two evils and marry them. This reply may seem plausible, but the morality of such an act is indeed questionable. Other clergymen, who have considered this subject, reply as follows: That there should be legislation, requiring a medical certificate of good health, before presenting themselves for marriage—and this seems to be a sensible way to solve the question.

The State demands a licence or proclamation of the banns of marriage in church before marriage. The State also demands restraints as to consanguinity. There is also the law as to age and the law forbidding polygamy. It is surely only logical and reasonable that the State take a further step and demand some guarantee that the contracting parties are in good health. The public need to have the facts, regarding the propagation of the feeble minded and the diseased, placed before them, and then they will demand that restrictions and safeguards be made in order to maintain a healthy and virile race in our land.

Let me, for a moment, refer to two instances which lately occurred in my own practice. The first illustrates the awful effects resulting from the marriage of a syphilitic. This man, having syphilis, married, about 20 years ago, an apparently healthy young woman. Her clinical history subsequently ran as follows—several miscarriages, seven living children, six of these died in their early youth and only one living at present, a feeble creature in mind and body. The wife is now a wreck physically.

The second case illustrates the folly of a marriage when there is a tendency to insanity: A young man about 21 years of age developed insanity and was sent into the Insane Asylum. In a few months he was sufficiently recovered to be allowed to return to his home, but had not fully recovered. He was engaged to marry a young woman and after a family consultation, a clergyman, who knew all about the case, married this couple. In about a year he was again violently insane and had to be sent back to the asylum.

Such cases, as I have indicated, are not isolated ones but are frequent as every general practitioner knows.

Surely here is a lesson for all of us. I venture to say that many doctors present can recall just such cases.

Then take the result of a marriage, if one of the contracting parties has gonorrhea. It is like carrying coals to Newcastle, to tell you of the almost inevitable consequences which follow, as sure as darkness follows daylight.

We hear a good deal, especially at marriage ceremonies, of the sacredness of marriage. If we believe in the sacredness of marriage, and I presume we all do, then the best way to show the sincerity of our belief is to guard the portals of the marriage state.

Clergymen or magistrates, who officiate, are unable to know whether a man or a woman is infected with any disease or not, and are therefore innocent of the crime they are committing in marrying a person with venereal disease in its communicable form. If greater attention was given to this question and diseased persons were prevented from marriage, we should hear less of divorce proceedings. From whatever point of view we regard it—the happiness of the family, the strength and virility of the race, only good can result by guarding the marriage relation. As an educative measure, I believe it would do much good. The public would soon learn to appreciate it, and a man having a venereal disease would endeavour to have himself cured before proposing marriage.

This law may not deter the thoughtless and vicious, but it will be a deterrent in many cases and the violators may be punished—thus in the end it will be educational and it will finally be observed, as other laws are. It will at any rate improve the race by better breeding and eliminate a number of mental and other diseases.

It is now known that 25 per cent. of all blindness is caused by gonococcus infection and nearly all blindness of infants is due to the fact that the mother had gonorrhea before the birth of the child. Also it is known that 80 per cent. of the serious inflammatory diseases, peculiar to women, necessitating serious operations and sometimes resulting in death, is due to the gonococcus germ. Again the woman is often rendered sterile and sometimes to permanent invalidism.

Is it not remarkable how little attention is paid to the mental and physical condition of the couple intending to marry? While the farmer and horticulturist study the best way to improve their animals and plants, by judicious selections, the human animal is allowed to do as he pleases. This is not an individual affair, but it is one of the race. It means simply this, that if we allow the feeble minded and the diseased to propagate, then the race will degenerate.

This is not a new idea. Other countries are taking action and Canada should not be behind in measures to keep her sons and daughters from degenerating. In 1912 the Federated Churches in Chicago, supported by 200 clergymen, adopted a resolution in favour of a medical certificate, declaring that both parties were physically and mentally qualified to contract marriage. This question has been discussed in almost every State Legislature in the American Union and several of these States have passed resolutions with the object of demanding medical evidence that the contracting parties are in good health.

The physician, before giving the certificate, should consider alcoholism, tuberculosis, feeble mindedness, insanity, criminal tendencies and venereal diseases as a bar to marriage.

In conclusion I would like to quote the words of a petition by Dr. Mjoon to the Storthing in Norway in 1913.

"Among the many advantages that would result from such health declarations, may be included, the awakening of the sense of individual moral responsibility and the national conscience in regard to marriage and the health of the race, for no one of either sex could marry without first having to ask himself the question—whether or not he is physically fit for marriage. The result would be that a large number of defective individuals, such as those whose offspring are now supported by the community, would renounce the idea of founding a family. The burdens borne by the public, in the form of poor law rates, prosecutions, prisons, homes and schools for the feeble-minded would be lightened. There would be an improvement in the genetic qualities of the race, bringing with it health, strength and happiness".

In other words, a legal health declaration before marriage would be the first step towards a practical system of "National Hygiene".

It has been suggested to me that I should formulate a plan for the purpose of carrying into operation the reform in question.

After consideration, it seems to me that this would be inadvisable at present. There still exists a very considerable body of opinion, especially in the Province of Quebec, which would oppose legislation of the character referred to, part of this opinion is based on religious consideration and part is due to the very considerable want of information as to the seriousness of the condition which exists in this country.

Any reform and especially one which limits individual freedom must have the support of a very considerable majority of the people if it is to produce any satisfactory results. It follows in my judgment that the proper course to adopt would be to obtain and publish statistics indicating the extent and seriousness of the evil to be combated, so as to awaken a public demand for the legislation in question. When that has been done, although there will be obstacles to surmount, there can be no doubt that at least a moderately satisfactory plan for carrying into effect the proposed legislation can be developed.

The Management of Venereal Diseases by the United States War Department during the past Two Years*

By Col. E. L. Keys, Jr.
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IT is as yet too soon to attempt a final judicial statement of the methods whereby the United States War and Navy Departments attacked the problem of venereal disease as it appeared among our soldiers and sailors during our participation in the world war. Both the Services worked along the same lines, but circumstances were such that the army was able to carry out a much fuller campaign than was the navy, and the army did its work among a much larger body of men. Let this be my excuse for confining my remarks entirely to the work done by the army.

But although our present judgment upon this subject can make no pretense as being final it can at least pretend to be timely, for the campaign against venereal disease in the United States at present consists in an effort to translate the work done during war time into peace terms, to spread throughout the country the repressive and educational measures that seemed so efficacious about the camps during the period of hostilities. In this work the health officers of Canada aspire to have a share. Such is the excuse for my effort to sketch to you the situation in reference to venereal disease, as it has appeared in the United States Army, and the measures taken for its control.

Pre-War Conditions.

In the beginning of the year 1917 army regulations bearing upon venereal disease were the following:

1. The sale of alcoholic drinks within government reservations was forbidden.

2. Line and medical officers were required "to do their utmost to encourage healthful exercises and physical recreation, and to supply opportunities for cleanly social and interesting mental occupation for the men under their command, to take advantage of favourable opportunities to point out, particularly to the younger men, the inevitable misery and disaster which follow upon intemperance and uncleanliness;

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and that venereal disease is almost sure to follow licentious living and is never a trivial affair (G.O. 17, May 31, 1912)".

3. Bi-monthly inspection of enlisted men was required to be made by the medical officer accompanied by the Detachment Commander. These inspections related to the condition of the feet and footwear, the cleanliness of the men and the presence or absence of venereal disease. (*Ibid*).

4. Men who had exposed themselves to the danger of contracting venereal disease were required to report at once upon their return to camp for prophylactic treatment. A soldier failing to comply with these instructions was tried by court martial (the usual penalty being a fine of two-thirds of pay for one to three months) (G.O. 17). And furthermore, any officer or enlisted man absent from duty on account of venereal disease was deprived of pay during such absence (G.O. 31, September 12, 1912).

Meanwhile outside of the army the serious study of the best methods for the control of venereal diseases was the object of many local bodies, notable among them The American Society for Sanitary and Moral Prophylaxis from which was developed the Federation of Sex Hygiene and finally, in 1912, the American Social Hygiene Association. These societies were either directly under the leadership of or drew their inspiration from the life work of the late Dr. Prince J. Morrow. They united in denying the so-called necessity of the male, they advocated sexual continence and the repression of prostitution, the best expression of their views on this latter point being the works of Dr. Flexner, entitled "Prostitution in Europe".

Most of these societies interested themselves only indirectly with the medical aspect of the question, such as the registration of venereal cases, the suppression of quack physicians, and the encouragement of dispensaries and hospitals for the treatment of venereal diseases. But health officers all over the country were aware of the necessities in this regard, and were doing what they could to supply facilities for treatment and to encourage the registration of venereal cases as well as the physical examination of candidates for matrimony. Thus in my native city, New York, registration of venereal cases by number has been encouraged by the health authorities for the past five years. The Health Department has managed a diagnostic clinic and advertised it in opposition to quack advertisements. The health officer has inspected clinics treating venereal diseases and has set up a standard to which such clinics must conform. The Brooklyn dispensary has established social service for venereal cases in imitation of the work which was originated at the Massachusetts General Hospital. In other states pre-nuptial health certificates were required and in Massachusetts the fight for free salvarsan was on,

which has since resulted in the production of this drug at a nominal price by the State laboratories, the first step in breaking a trade monopoly.

Such was the situation at the outbreak of the war. Both the civil and the military authorities were prepared to advocate a strenuous campaign for the suppression of venereal diseases.

The Anti-venereal War Campaign.

The groundwork for the suppression of venereal diseases was laid with great promptness and extraordinary foresight.

1. The sale or gift of alcoholic beverages to officers or enlisted men was prohibited, as was the possession of any such beverages within the confines of any military station.

2. The Secretary of War was authorized and directed "to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill-fame within such distance as he may deem needful of any military camp", etc. (H.R. 3545, May 18, 1917). In accordance with this Act the Secretary of War established a five mile limit around camps, etc., within which the sale of liquor was prohibited and prostitution suppressed. In personal communications from the Secretary of War the civil authorities were urged to cooperate in this matter, not only in the letter, but also in the spirit of the law and to generalize these regulations as far as possible.

In this same month of May the Commission on Training Camp Activities, with Mr. Raymond B. Fosdick as chairman, was established by the War Department. This commission assumed the function of managing or supervising all educational, recreational and inspirational work within the camps and in the civil communities directly connected with the camps; the Legislative Department of the Commission, under Major Bascom Johnson, supervised and checked up the activities of the civil authorities in the suppression of alcoholism and prostitution in the camp zones; and other departments of the C.T.C.A. established relations with all the civil and military bodies whose activities in any way related to the general hygiene or recreation of the men and also to the repression of vice and venereal disease.

At about this same time the Public Health Service of the Treasury Department began a study of the epidemiological problem of the control of venereal diseases which now is coming to the fore as the most important and the most permanent feature of the whole campaign. The War Department programme was summed up as follows:

1. Army Medical Department, in control of military measures for combating the venereal diseases.

2. United States Public Health Service, epidemiological measures for the control of venereal diseases in the civil sanitary districts.

3. War Department, Commission on Training Camp Activities in charge (*a*) law enforcement measures in the department zone, and (*b*) recreation measures in the department zone.

4. Civil authorities co-operating with the commission in law enforcement, recreation facilities for the treatment of venereal diseases, and protection and control of women and girls.

5. Nonofficial agencies.

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The general features of the educational campaign will be detailed to you by Mr. Russell. The law enforcement activities were so successful that by the end of September 1917, it could be reported that there was not a red light district within five miles of any important military or naval establishment in the United States. By June, 1918, red light districts had been put out of business in more than eighty cities, and it can be said with justice that the official recognition and regulation of prostitution is absolutely dead in the United States to-day, and will stay dead.

Meanwhile, the sanitary activities of the Public Health Service have made themselves felt. On January 2nd, 1918, Surgeon General Blue communicated to State Health Officers his famous memorandum relative to the control of venereal diseases, calling for registration, quarantine and treatment of infected persons, and public education by means of publications, posters, social work and education of infected persons. In July, 1918, the Chamberlain-Kahn Act appropriated $4,100,000.00 for the above purposes, the money to be distributed under the guidance of the Interdepartmental Social Hygiene Board, consisting of the Secretaries of War, Navy and Treasury and the Surgeon Generals of the army, navy and Public Health Service. A Division of Venereal Diseases was established in the Public Health Service for the purpose of studying the venereal situation, of co-operating with the State Boards of Health and of suppressing the interstate white slave traffic. The sinews of war thus provided and placed at the disposal of the Public Health Service in co-operation with the State Boards of Health are assuring an intelligent and nation-wide study of the problem, the widespread effect of which is symbolized by the fact that no less than thirty-nine states now require the reporting of venereal diseases. Courses in social work for venereal diseases have been established at the instance of the Public Health Service, and every hospital and dispensary in the country is being circularized, investigated and encouraged to live up to the highest standard in the treatment of venereal diseases, the Public Health Service being prepared not only to encourage and support such institutions or

to suppress them if inefficient, but also to set up clinics of its own wherever necessary for the diagnosis and treatment of these diseases.

Such are the broad lines of the campaign which the United States Government has carried out. Those of you who are interested in the voluminous literature describing its more intimate details may obtain information on application to the Public Health Service, Treasury Department, Washington, D.C., or by reference to Social Hygiene, the quarterly magazine published by the American Social Hygiene Association of New York City.

In order to sketch you the results accomplished let us refer to the War Department Reports of Incidence of Venereal Diseases.

Incidence of Venereal Diseases in the Civil Population.

In the early period of mobilization there was considerable confusion in the checking up of venereal diseases partly because the Draft Boards had not shaken down to a uniform method of examination, and partly because some boards made the mistake of refusing men suffering from venereal disease not otherwise incapacitated. It is stated that during this period prostitutes who were willing to guarantee that they could convey venereal disease did a thriving business and demanded high prices in certain cities. Later on, however, it was generally understood that venereal diseases did not disqualify as such, and a uniform method of examination was practised all over the United States. This examination disclosed only the obviously diseased.

The Public Health Service has recently published (V.D. pamphlet No. 30 and 47), the percentage of venereal diseases discovered among the second million drafted men. At the time of mobilization 5.4% of these men were found to have obvious cases of venereal disease (unfortunately no separate records were kept for gonorrhea and syphilis). The chart discloses rather startling facts. Among the cities with a population of 500,000 or over, New York City showed the lowest venereal rate with 2.44%, and the highest rate in this group was 5.58%. Among the cities from 100,000 to 500,000 population the lowest rate was shown by Cambridge, Massachusetts, with 2.03%; eight out of the 57 cities had a rate of over 10%, the highest being 18.67%. Among the fifty-two cities of from 50,000 to 100,000 population, Bayonne, New Jersey, had the lowest rate with 0.82%, and there were 12 of the 52 cities with a rate over 10%, the highest being 27.45%. Among the 64 cities with a population between 30,000 and 50,000 population, Jamestown, New York, had the best rate with 0.8% and there were but 9 cities with a rate above 10%, the highest being 18.43%. On the face of it this would seem to show that cities with a population of from 50,000 to 100,000 inhabitants

have the greatest amount of venereal disease, but no such inference is justifiable, for the cities, like the States with high rates, are all in the Southern portion of the country where the mixture of races, the relatively small per capita distribution of wealth, and the relatively large percentage of illiteracy go with a large percentage of venereal diseases. One conclusion is justifiable, namely, that the percentage of venereal disease does not, in the United States at least, increase with the size of the city. Indeed the superior opportunities for treatment in cities may account for the fact that the city rate is not inevitably much higher than that of the surrounding country. The report of the Surgeon General of the army for 1918 states that the city rate is almost twice the rural rate. It would seem that the distribution of venereal diseases is regional, and related rather to the enlightenment and economic conditions of the population than to their grouping in cities.

Incidence of Venereal Diseases Before and After Enlistment.

The Surgeon General of the army has kindly communicated figures that have been collected from five of the larger camps during the periods of March 29th, 1918, to January 24th, 1919. The strength of the total command represented rose from 165.895 in April to 230.238 in September and fell to 105.000 in January. The annual rate per thousand troops of newly reported cases of venereal diseases acquired *before enlistment* rose from 269.31 in April to 496.22 in August, and fell to 35.65 in January, the lowest figure before December having been in the month of October with 189.05 per mill. During this same period the annual rate of newly reported cases per thousand troops acquired *after enlistment* was 16.98 in April, 1917, fell to 4.55 in August and rose to 20.42 in January, 1918.

The totals perhaps express the situation more clearly. During these ten months there were reported in these five camps 46,908 cases of venereal disease. 45,339 among these were acquired before enlistment, and only 1,569 were due to exposure after arrival at the camp. The average stay of men in camp is not stated, but it is believed to have been between two and three months.

You are better able than I to discern the futility of attempting an absolute comparison between figures such as these. Much of the pre-enlistment venereal disease consisted of old uncured cases of gonorrhea or syphilis, and doubtless a great deal of it was attributable to the final debauch before enlistment, the soldier's "bachelor dinner" as it has been termed. But after all allowances have been made the contrast is, to say the least, a striking one, and speaks volumes for the success of the campaign against venereal disease.

Social Hygiene and Medical Prophylaxis.

Doubtless no campaign ever ended successfully without resulting in a squabble among the victors over the distribution of the spoils. The squabble in this instance is a genteel one, and it would be interesting to derive from published statistics some conclusion which might throw light on the relative virtue of inspiration, education and recreation of the men, repression of prostitution and the so-called prophylactic treatment. Unfortunately, the figures do not lend themselves to any interpretation which will favour either side. It might have been expected that a comparison between the results obtained at home, and abroad, might show something, but although the conditions under which the soldiers lived were different in many respects, the results, as far as their venereal rate went, were not far apart. The rate (after enlistment) at home was about 2 new cases per hundred men per year, in the Am. E.F. about 4. What does this mean? The venereal rate of one of our ally's armies for many years before the war varied scarcely a fraction of 1% from year to year, so that one could not but expect that the influence of military routine was dominant in keeping the figure at a fixed point. We cannot believe that the same applies to the United States Army. A fairly intimate acquaintance with the Statistical Bureau of the Surgeon General's office, of the American Expeditionary Forces, and with the Surgeon General's office in Washington, justifies me in absolutely denying any such suggestion.

But if the military mind is not the dominant thing in keeping these figures so nearly equal is it not possible that the reaction of the American soldier to military routine and environment is the common factor which determines the common low rate? I fancy this is actually the case. There were striking differences between army life in France and at home. In France absolute prohibition of alcohol was so impossible that it was not even attempted. Nor was repression of prostitution possible—for two reasons. In the first place, French cities and even the smaller towns contained great numbers of unregulated prostitutes and in the second place, the French government approved the establishment of houses of prostitution for the army, and wholly failed to sympathize with the regulations of the American Expeditionary Forces prohibiting our soldiers from visiting these houses. Under such circumstances one gets the impression that the low rate for venereal diseases among our soldiers in France is not adequate evidence of their total abstention from sexual contact. Divisions in the line are, of course, relatively clean. Monthly reports from them showing no more than 5 or 10 new cases of venereal disease among 20,000 or 30,000 troops were by no means exceptional. But on the other hand such large cities as Paris, Bordeaux and

Tours showed a very high rate for venereal diseases, the new cases running as high as 10 or 12 per 1,000 per annum during certain months.

Perhaps the most vivid contrast that I have noticed between the statistics of the home forces and the American Expeditionary Forces in reference to venereal disease, is the striking disproportion in the number of prophylactic treatments taken in the five camps above cited, for example, the mean strength of the command was 182,651 men. The total number of prophylactic treatments administered for the ten months was 38,283 an average of 3,828 a month, a rate of one prophylactic treatment for every forty-seven men per month. In contrast to this, Base section, No. 2 of the American Expeditionary Forces, had a mean strength of very close to 50,000 white troops during the first year of its existence, during which time there were administered to them a little over 116,000 prophylaxes, or one to every five men per month, a rate of prophylaxis nearly ten times as high as in the camps in the United States.

Perhaps this means that in France the men were more careful to take prophylaxis than at home, for they were very deeply impressed with the infectiousness of women of another race, whereas at home the soldier naturally thinks his own women are clean (needless to say there is very small justification for the latter opinion). Indeed the troops in England, though few in number, showed a much smaller prophylactic rate than those in France which is presumably due to the fact that the more lucidly one can converse with a woman the less one is likely to suspect her of having venereal disease. But with all allowances made it seems evident that the low rate of prophylaxis among the home forces speaks also for the efficiency of the social hygiene whereby their relations with women were put upon a much higher plane than they could be abroad.

As to the efficiency of prophylaxis itself the figures of Base Section No. 2 showed at the end of a year failure of prophylaxis in 1.7% of cases among white troops, and in 2% of cases among coloured troops. It has been estimated with some faint semblance of probability that the soldier's prospect of acquiring venereal disease is not far from 10%. The reduction to 2% among a large series of cases in a command that at one time numbered more than 100,000 men is certainly to the credit of prophylaxis.

I permit myself to register the impression that individual prophylactic packages, as they have been employed in the army, are not nearly so efficacious as the prophylactic station, and that there is every reason to feel that such benefits as have been attributed to prophylaxis within the army could not be duplicated in civil life because under the best of circumstances dispensary prophylaxis will not be accessible at the hours

when it is most needed, and prophylaxis given by the individual himself is of uncertain value.

My personal interest in the social hygiene aspect of this campaign would lead me to entertain you at great length upon the demonstration which was made in several cities in France that putting the regulated houses of prostitution out of bounds actually diminished the number of prophylactic treatments taken by the men, and the number of venereal diseases acquired by them. During ten months I was familiar with this situation as it was in France, and in only one small town did the rate of venereal diseases rise when the house of prostitution was closed to the American army. Curiously enough in that instance the rise in the rate of V.D. was due to an epidemic of chancroid.

The Future.

This somewhat sketchy review of the methods employed, and the results obtained in the control of venereal disease by the United States army during the past two years, fails to do justice to the facts of the case. During this brief period we have actually seen a complete reversal of the nation's attitude in reference to the hygiene of venereal diseases, the profession of prostitution and the masculine attitude toward chastity and purity in general. There have been developed a body of experienced men qualified to carry throughout the nation the reforms which the govermnent has instituted; this campaign has been financed by Congress, and the Public Health Service is energetically conducting it. I cannot command the colourful language necessary to express to you my enthusiasm over the prospects before us, but I should indeed be lacking in all sense of proportion did I not close with a word of appreciation for the work of Lieutenant Colonel William F. Snow, in charge of the section for the prevention of venereal disease, of the Surgeon General's office, of the United States army. Colonel Snow has been almost literally the body and soul of the great change which has taken place. He, himself, will never tell you what he has done, but of such men we may well be proud to boast.

The Federal Department of Health*

By Dr. Michael Steele, M.P.
Ottawa.

FOR half a century more or less desire has been expressed for a Federal Department of Health. At Confederation so little interest was taken in the subject that the B.N.A. Act failed to assign Public Health generally to the jurisdiction of either the Provincial or Federal Parliaments; but Section 91 of that Act said:

"It shall be lawful for the Federal Government of Canada to legislate on all matters not coming within the classes of subjects by this act assigned exclusively to the Legislatures of the Provinces."

This provides that whatever exclusive powers are not given to provincial legislatures are under the jurisdiction of the Federal Parliament; and at any time, therefore, since Confederation the Federal Parliament would have been quite within its jurisdiction in assuming control over such health matters as were not specifically assigned to the provinces by the B.N.A. Act.

The fact that this was not done under any organized department is a good illustration of the indifference shown to health matters, not only by our Dominion Parliaments but by the people themselves.

However, the day has come when we have a Federal Department of Health, and the question of paramount interest to us to-day is: What is that Department going to strive to accomplish?

It will be administered under one of the present Ministers, with a Deputy Minister in charge. The Act recently passed confers very wide powers upon the Minister, and through his Deputy upon the Department, and the general powers are expressed in the Act as follows:

"The duties and powers of the Minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health of the people of Canada over which the Parliament of Canada has jurisdiction. The Department shall have jurisdiction also over such other matters as may be referred to the Minister by the Governor in Council. The Governor in Council shall have power also to make such regulations as may be necessary to give effect to the carrying out of the objects of the Act."

The powers therefore conferred under the Act are sufficiently broad to enable the Department to operate on broad lines. There are certain

* Read at the Eighth Annual Congress of the Canadian Public Health Association, held in Toronto, May, 1919.

matters and subjects however that are specifically assigned to the Department, and among others may be mentioned the following:

1. The inspection and medical care of immigrants and seamen and the administration of marine hospitals.

2. The supervision, as regards the public health, of railways, boats, ships and all means of transportation.

3. The supervision of Federal public buildings and offices, with regard to the health of Civil Servants and other Government employees therein.

4. The Department also takes over the administration of certain Dominion Acts relating to health, for example, the Quarantine Act, the Adulteration Act, the Public Works Health Act, the Leprosy Act and the Proprietary or Patent Medicine Act. These Acts deal with matters concerning which the Federal Government has sole jurisdiction.

Let us for a moment look at what may be accomplished along the line of some of the subjects specifically referred to in the Act. In the first place we must assume that the Deputy Minister is a capable administrator, thoroughly conversant with public health work and with sufficient energy, vision and business capacity to organize his department for the vast work awaiting such a department in this country. A department so manned can have an enormous influence in moulding the future political, social and commercial life of Canada. The physically and mentally unfit immigrant in the future desiring to locate in Canada must henceforth come in under the new Immigration Act recently passed by the House of Commons. In the past our medical inspection of immigrants at our ports was careless and unscientific, with the result that thousands of mental defectives landed on our shores and are now finding a refuge in Canada. We have only to consult the records of our hospitals for the insane, idiots and epileptics to find conclusive evidence in support of this statement.

Take some figures from Ontario. Total number of patients admitted to Hospitals for Insane up to 1917, 40,681; foreign born, 16,229. Total committed in 1917, 1,414; foreign born 494.

At the port of New York where for some years very strict tests have been applied to immigrants by properly qualified psychiatrists, it has been found that four immigrants out of every thousand who applied for admission at that port were suffering from mental defects. Probably the percentage of feebleminded immigrants coming to Canada was equally great; and if so, it means that for some years prior to the war Canada was receiving and welcoming to her shores from 1,200 to 1,500 feeble-minded people who in future years will by themselves and their prolific progeny burden and curse this country, producing in their various ramifications a social virus that cannot be exterminated from our land for centuries.

The Department will also have supervision of quarantine at our ports, to prevent the importation of disease. In addition I hope that through time it will have a well-equipped research department where work pertaining specially to Canadian health problems will be carried on; and which will be a part of a great National Laboratory and Research Institute. The Department will also be entrusted largely with the dissemination of information regarding the prevalence, distribution, causation and prevention of disease. It will further have not only international control but interprovincial control over disease, as well as a general interest in the health of all the people of Canada. In some of these lines of work, and in others not enumerated, direct co-operation between the Federal authorities and the Provincial will be undertaken, and in no respect is it intended that the work now being carried on by the Provincial authorities will be interfered with by the newly organized department. Its aim will be to support and strengthen the provincial work and to ensure where possible thorough effectiveness in the administration of all our health laws, both Federal and Provincial.

The organization of this department should usher in the dawn of a new era in public health work in Canada. It should give us a broader vision regarding the needs and the possibilities. It is time that in this country we recognize the health of our people as a vast economic problem affecting the welfare especially of our working classes. There is need for an increased interest, for more aggressive methods, for greater attention to the conditions which exist among our people which tend to lessen the efficiency of our nation; and the Federal Department of Health should be a tremendous influence in correcting many of these conditions.

Chairman's Address*

J. J. MACKENZIE, B.A., M.B.
Professor of Pathology and Bacteriology, University of Toronto, Toronto.

A RECENT writer has referred to the twentieth century as the Health Age. Without question the most striking medical development of the first nineteen years of this century has been in the field of preventive medicine, and not a small part of this development has been due to the growth of public health laboratories.

In its first inception the laboratory side of public health work was mainly chemical. The methods elaborated by British sanitary chemists were specially adapted to the study of potable waters and food adulteration, and for a time the criteria depended upon in considering the purity of a water supply were entirely chemical. With the development of the science of bacteriology by Pasteur and Koch, the importance of the bacterial content of waters came at once to be recognized. Even before Koch elaborated his plate methods of culture, Mequal was making in the early eighties of the nineteenth century bacterial analyses of the public water supply of Paris by the long and tedious method of dilution.

It was natural therefore that the first health laboratories should be devoted almost entirely to the chemical and bacteriological study of waters. Year by year, however, the scope of the health laboratory widened. The discovery of the tubercle bacillus in sputum made sputum examination necessary in the diagnosis of tuberculosis. This examination at first performed by isolated individuals in their own practice, or in hospital laboratories, was quickly taken over by the Health Laboratory. Similarly with the cultural diagnosis of diphtheria and the agglutination test for typhoid, and relatively recently the Wassermann reaction for syphilis. Step by step, as medical science discovered new methods of laboratory diagnosis in the realm of preventable diseases, the public health laboratory has taken them over, has systematized them, organized the personnel for carrying them out and made those available for larger and larger areas of the population.

It was natural that the earliest public health laboratories should have developed in European centres, but this continent was not long behind Europe, and although it is perhaps unsafe to be too dogmatic, I am inclined to believe that the public health side of laboratory work has been more thoroughly exploited and developed in America than in

* Read in the Laboratory Section of the Canadian Public Health Association, Eighth Annual Congress, Toronto, May 26, 1919.

Europe. This has been due largely to the establishment of state and provincial boards of health and the early recognition of these authorities of the importance of developing the laboratory side.

The first public health laboratory in Canada was established under the Provincial Board of Health of Quebec when about 1887 the late Dr. Wyatt Johnston returned from studying in Germany. The laboratory of the Ontario Board was established in 1890 and the other provinces developed later. It is an interesting fact that a good deal of the early expenditure on laboratory study of preventable diseases in Ontario was camouflaged under a special appropriation set aside for the investigation of diseases of animals. So long has it been the case that it is easier to get legislation to expend money upon animal husbandry than upon the protection of human life.

In the United States one of the most outstanding of those early public health laboratories was that of the Massachusetts laboratory for the study of water and sewage. Other States of the Union have followed in this line of work and the Ontario laboratory for the study of the subjects established now over fifteen years has not been behind in the practical investigation of sewage problems.

It is not too much to say that the whole subject of sewage disposal and the purification of water supplies has been revolutionized in the past fifteen years with an annual saving to the community of millions upon millions of dollars.

Besides the state and provincial laboratories, city Boards of Health have also established laboratories in which important work has been done. One has only to recall the work of the laboratory of the Board of Health of New York City, with its very efficient research institute, to realize the importance of the work which such a laboratory can do. The mention of the Research Institute of the New York City Laboratory brings up a subject of public health laboratory work which has been emphasized from the first. All these laboratories have been centres of research in preventive medicine and a great deal of our knowledge of the etiology and modern treatment of preventable disease has issued from such institutions. Especially in the serum treatment of infectious diseases the public health laboratories have been pioneers in the production and improvement of antitoxic sera.

A discussion of health laboratory work would not be complete without a reference to the present war. With all the extraordinary developments in this extraordinary war there is nothing so striking as the part played by the sanitary corps. Whereas in all previous wars preventable disease has been the most serious cause of army disability, in this war preventable diseases have been largely eliminated. This has been entirely due to the scientific activity of the sanitary corps, and these

sanitary corps have been enabled to do their work solely because they have established mobile and stationary laboratories and have availed themselves of the staffs of public health laboratories for the manning of these field laboratories. The work of the first Canadian mobile laboratory, under Colonel Nasmith of this city, at Valcartier, on Salisbury Plain, and afterwards in Flanders, is too well known to you to require more than mention; but it is not too much to say that the successful work of that unit was an object to the British War Office and lead to the formation of many such units which did magnificent work not only in Flanders but in Macedonia, Palestine and Mesopotamia. The efficient work of the sanitary corps in eliminating preventable disease would have been impossible without the assistance of the public health laboratories.

With this brief review of the development of the laboratories of public health it will be seen that the laboratory side has been the most living and most active department of public health work. We may ask ourselves, how may we in Canada and in Ontario extend the field of public health laboratories so that the community at large may reap the greatest amount of good in the prevention of disease?

A brief discussion of our knowledge of typhoid fever will possibly present a view of one line along which, say in Ontario, a health laboratory work may be extended. It will be remembered that with the first discovery of the bacillus of typhoid and the demonstration made many times over that in explosive outbreaks of typhoid it was usually water or milk borne, for a time typhoid prophylaxis was entirely bound up with the question of pure water supply. With the clearing up of potable waters there was a remarkable fall in typhoid morbidity and at first we thought the whole question was solved. But the occurrence of sporadic outbreaks of small home epidemics, in which milk or water as a source could be excluded, lead us to believe that there were some other factors. I remember as far back as 1890, hearing Professor Vaughan of Ann Arbor say, "If we are to regard typhoid as always water borne we must assume the existence of a tramp wandering over the farms and villages of the middle west polluting the wells and local water supplies".

None of us knew then anything of typhoid carriers. It happened that about 1900 the mining areas of the Saar Valley (a district very much in the public eye at present) suffered from numerous small epidemics. The Imperial German health department decided to establish small branch laboratories in the mining districts for the study of typhoid alone. The result of this work was the discovery of the typhoid carrier and the elaboration of all the technique necessary to discover the carrier. As we know to-day the prophylaxis of typhoid centres around the carrier problem, and this problem is important not only for typhoid but also

diphtheria, meningitis, anterior poliomyelitis, and probably all epidemic diseases.

Now the Germans were right in this instance, in bringing the laboratory to the problem. The work a central laboratory can perform is enormous, but the farther the central laboratory from the epidemic the more difficult the problem of elucidation and study.

The need in modern public health work is to get the laboratory in as close touch with the problem as possible. How can this be done? It may be done in two ways—first, it may be possible to equip more or less mobile units upon the plan of the army mobile laboratories, which can proceed to the area visited by an epidemic and there temporarily settle down and study the problem. When the problem is cleaned up the laboratory can move to another point. The objection to this plan is that it only tackles the question when the need arrives and the permanent influence of the laboratory in the district is lost. The other alternative is the establishment of branch laboratories which will be permanently installed in the selected sections of the population. This alternative is, in my opinion, the best suited for such a Province as Ontario. It has, to a certain extent, been done in this Province. London and Kingston both have laboratories doing public health work for the districts of the province in their immediate vicinity, and I understand a branch laboratory is being established in the district of Ontario about Thunder Bay. For Ontario these laboratories should be multiplied so that no district of the Province should be so far from a laboratory as to prevent material reaching it in a good condition and the physician receiving a prompt report. But that such branch laboratories should effectively carry on their work they must be intimately associated with the central laboratory. Decentralization is a good thing for the routine public health work but decentralization which removed control from the central laboratory of the Board would be very bad. Methods must be standardized, such branch laboratories would necessarily be manned by men of less experience than the Director and Assistants of the central laboratory and the organization must be such that every branch laboratory and every district served by it must be certain of access to the experience of the central institution.

One may ask—how is one to staff such a branch laboratory? The proper training of the staff is all essential and the one place in which it can be properly done is in the central laboratory. A precedent for this plan obtains to-day in Canada in the Dominion Laboratories, under the Food and Drug Act. The department at Ottawa has established these branch laboratories at widely different points in the Dominion and the Director at Ottawa is insisting that the men at the branches shall receive their training in the central laboratory. To-day, with the development

of new curricula in the Faculties of Medicine there is a place for the training of specialists in sanitary laboratory work, especially under the course for the Diploma of Public Health, and from men with such a training the central laboratory would naturally draw the material for staffing the branch laboratories. The success of such a scheme hangs entirely upon the training of the men. Especially in the use of such a delicate technical method as involved in the Wassermann reaction slap-dash methods or short cuts are more than useless. No man can carry out the Wassermann technique without a careful training in serological work and assistants who are to carry out such tests must be very carefully trained and their work checked before they are allowed to do independent work in a branch laboratory.

This question, however, is a matter of detail. I feel sure that an extension of public health laboratory work along the lines I have indicated will prove so successful that the public will soon realize the advantage and provide the necessary funds to make it a success.

I have been rather brief in my discussion of the topic of my address but the points I have raised are so well known to laboratory workers that they do not need further argument.

If the twentieth century is to be called the Health Age, the laboratory more than any other factor has lead to that development.

Mr. Hanna, An Appreciation*

ADAM H. WRIGHT, B.A., M.D.
Chairman, Ontario Board of Health

NO man of the past or present was more highly respected by the profession of this province than the Honorable William Hanna. For ten years, or a little more, he worked for hygiene and preventive medicine; for the relief of sickness and suffering both physical and mental; and for the benefit of mankind, especially those who had gone astray.

It is difficult to describe a man such as he; but one may mention a few well known facts. He had a big brain, highly intellectual, singularly sagacious, and keenly alert; a heart big and warm, emotional, full of love and sympathy for all, but especially for those who needed uplifting; a soul full of energy, spirit affection, and other noble manifestations emanating from a powerful brain and a heart of gold.

We are chiefly interested now in those things which concern his career in the Ontario Legislature. He was first elected for West Lambton in 1902, defeating a very strong candidate in a constituency which had previously given large liberal majorities for a long time. In Parliament he soon jumped to the front, and established for himself such a reputation that no one was surprised when Sir James Whitney made him Provincial Secretary. We are told that the Department, then placed under the charge of Mr. Hanna, is in many respects a difficult one. As Mr. W. A. Craick puts it, it is largely a clearing house for the odds and ends of the other departments. It is generally conceded that Mr. Hanna was eminently successful in his administration.

PUBLIC HEALTH.—The legislation in matters pertaining to Public Health passed during his *regime* was admirable, and the Medical Health Act of 1912 was believed by many to be the best in the world. It was highly commended in many countries, but especially in Great Britain and the United States. A brief reference to a few points in connection therewith will now be made.

Probably the outstanding feature of this Act was the provision for the appointment of District Officers of Health, whose whole time would be occupied in the work allotted to them. However, the idea was not new, and it seems fitting to go back for a time, and give credit to some who advised similar legislation many years ago.

*Read at the Eighth Annual Congress, Canadian Public Health Association, Toronto, May 26th, 1919.

The Ontario Board of Health was established in 1882, Dr. Peter Bryce being Chief Officer of Health until 1904. Dr. Charles Hodgetts 1904-10, then Dr. John McCullough. I rejoice in the fact that the excellence of the work done by these three men is generally recognized and highly appreciated, not only in this Province, but throughout the whole Dominion. Dr. Bryce was (and still is, I am glad to say) full of vigour, enthusiasm, and wisdom in matters pertaining to Public Health. For many years he advocated a definite scheme, which included the appointment of an Officer of Health for each county, who should receive an adequate salary, and devote his whole time to health work. In my opinion Dr. Bryce's scheme was the best ever devised for this or any other country; but he received very little support from the Government, although its members approved in a way, but thought the public were not ready for such radical legislation. In all Dr. Bryce's endeavours to improve health matters I think the one member of the Government who was most heartily in sympathy with him in his work was Sir Oliver Mowat.

Well, in the course of time, Mr. Hanna became Provincial Secretary. We watched him rather carefully, and soon found that he put into his work both heart and soul, which, under the direction of his wise brain were soon able to accomplish much. He decided to wait no longer for the public to ask for improved health laws. He soon discovered what the people needed, and he decided to give it to them. It was provided in his Act that the Province may be divided into ten districts, each having a whole time officer with adequate salary. At the present time there are seven regularly organized districts under the charge of competent and painstaking officers of health.

Among the many other good features of the Act, probably none is of more interest to us than the laws affecting the Medical Officers of Health; I refer especially to two. First, the provision that no Medical Officer of Health shall be dismissed except for cause; second, a provision for an annual conference, through which was established our Ontario Health Officers Association, which has already accomplished much good and will probably do still more in the future.

HOSPITALS.—One of the most important sections of the Provincial Secretary's Department is that of the Hospitals for the Insane, the Epileptic and the Feeble-Minded. In these eleven hospitals there are a little over 7,000 disabled human beings cared for daily, and to do this work efficiently the services of about 1,000 officers and employees are required.

The care of this large number of invalids involves the provision of such details as clothing, shelter, food, heat, light, laundry, occupation, amusement, medical attendance in all bodily diseases, and also that

much more delicate and difficult administration of appropriate measures for the restoration of the mind.

Under Mr. Hanna's administration the Training Schools for Nurses were inaugurated and developed; the hospital character of the institutions was steadily accentuated, in contradistinction to the Asylum or custodial character, which had been so long in the public mind. Because of Mr. Hanna's enthusiastic devotion to Prison Reforms, and the great benefits which he achieved for the criminal classes, some of his political admirers, without accurate knowledge of the facts, appeared to be anxious to publicly credit him with sweeping reforms in the hospital service, and incidentally to profit by the reflected honour; but he knew better, and strongly disapproved of such laudatory professions. Mr. Hanna knew that a change in the name from Asylums to Hospitals would not necessarily change the character of the institutions, or the work accomplished in them, but that the public conception of them might be changed, and in this way advantages secured, and he made it his study to see that the best people who could be found should engage in the work.

Prison Reform.—Mr. Hanna took great interest in his work in connection with Prison Reform. The best that was in him came out in his efforts to assist men who had fallen. He established the Industrial Farm system, under which the convict was encouraged to work in the open air under the most favourable conditions. The system was first applied at the farm in Guelph where Dr. Gilmour was in charge. The success attending the undertaking far exceeded the expectations of the most sanguine among the sympathetic onlookers. The gratifying results soon became known to all countries, and the "Hanna Prison System" was recognized as the best in the world. A second prison farm of 600 acres was soon established at Port Arthur. Doctors George Porter, John McCullough, George Clinton, Robert Wodehouse and I had the pleasure of visiting that farm, 12 miles out from Port Arthur, September 14th, 1913. The farm was opened June 3rd of that year, and we saw nothing like prison walls; but simply a number of fields under cultivation, a big living building, clean and well ordered, and a lot of healthy decent looking men working cheerfully in the open on that fine September day. We were greatly impressed (I think I can speak for us all), and filled with admiration for the man who had conceived a thing so magnificent.

We also had the pleasure of listening to an address on the "Prison Farm" delivered by Mr. Hanna in Port Arthur on the evening of September 15th. In that admirable and inspiring speech, he showed the inner side of his heart and head.

We who had the privilege of knowing him intimately loved him quite as much as we admired him. He had a wonderful personality. He

was ever bright, cheery, and companionable. There was always in and around the man a charm as irresistible as it was indescribable.

It adds much to our sadness of heart that this man, strong and vigorous, died at the age of 57, while he should have lived for at least 25 years longer. We take a certain amount of pride in what we call preventive medicine. Do we take enough trouble to warn the public as to the terrible dangers of over-work? I was told recently, by one who had close relationship with him, that Mr. Hanna's activities were ceaseless (that of course we all know) and that "the uninterrupted output of energy often found him conscious of over-work" and sometime before the end, in speaking of holidays, he remarked that he "intended soon to place in his own calendar an annual leave of about 2 months"; and yet, at a time when he himself felt that he needed a holiday, he undertook, without any charge, the gigantic and thankless task of food controllership.

He was much interested in the overseas career of his only son, Neill, and the news of the armistice brought great relief. His boy was safe, and would soon return to him. A few days after, his joy was changed to unspeakable grief, when the fateful message came by cable, announcing the death, by accident, of Neill, in Italy.

March 20th was a dark day for the members of the Ontario Legislature. The leader of the opposition said: "In the death of Mr. Hanna, Canada has lost a great man whose place will be hard to fill". The Premier, Sir William Hearst, said: "A good man, generous, and noble, has passed from our midst"; then, after making some references to his good work, he concluded in the following words "A great, good, and generous patriot has gone".

The Federal Department of Health

EXTRACT FROM HANSARD REPORT ON THE DEBATE IN THE HOUSE OF COMMONS

(*Continued from the May issue*)

Mr. Manion.—I rise in support of the suggestion, and also to say a word in justice to the provincial Boards of Health. Some speakers have criticized those boards—

Some hon. members: No.

Mr. Manion.—I mean they have criticised them unconsciously in saying that public health work cannot be carried on without a laboratory. I agree in the necessity for instituting a research laboratory, but according to my understandings none of the provincial Boards of Health is so equipped.

Mr. Sheard.—The Ontario board has had one for ten years.

Mr. Manion.—Perhaps the hon. member is right; I did not think they had. However, I wish to support the idea. I think we should have a research laboratory. Some mention was made of research laboratories in the United States. One of the finest in the world is the Rockefeller Institute which is supported by funds supplied by John D. Rockefeller. Some of the war lords of this country who have made millions out of the war might show a proper sense of proportion by helping to establish in Canada a practical research laboratory along the lines of the Rockefeller Institute in the United States.

Mr. Rowell.—So far as the general view expresses the importance of a research laboratory, I am heartily in accord with it. I have intimated that the power to establish a research laboratory is quite clearly set forth in section 4, but there appears to be a general desire on the part of the members of the House that some words should be included in the Bill to indicate specifically that the establishment of such a laboratory is within the powers of this department. We should not have a series of laboratories established in various departments. It is very important that the work should be done as economically and efficiently as possible. In consenting to such an amendment as I have suggested, I am not committing myself or the Government to the bringing down of an appropriation for the purpose this session; that is a matter that will have to be taken up by the Government when Estimates are under considera-

tion. If I assent to any reference to research laboratories going in, I am assenting to the specific mention of the fact that this department contemplates the establishment and maintenance of a laboratory. We might put in as paragraph (b):

The establishment and maintenance of a national laboratory for public health and research work.

I think it would be more suitable to give it that place in the section.

Mr. Davidson.—If this provides for an expenditure of money, it would have to be preceded by the consent of the Governor in Council.

Mr. Rowell.—It would be simply defining the powers of the department. We are not voting any money, nor is the Government committing itself to any expenditure.

Amendment agreed to, and section 4, as amended, agreed to.

On section 5—regulations:

Mr. Sheard.—I offered an amendment the other evening—I do not know whether it was defeated or not; perhaps you can inform me, Mr. Chairman—which was something to this effect:

The control of venereal disease by quarantine at the various ports of entry or by such other methods and investigations as shall limit the spread of these diseases throughout the Dominion of Canada.

Some specific statement in this regard ought to be included in the Bill.

The Chairman.—The amendment mentioned by the member for South Toronto was defeated upon division the other night in committee.

Mr. Peter McGibbon.—The amendment that was defeated was much more drastic than the one at present proposed.

Mr. Fielding.—To what extent will the hospitals come under the observation or control of this department?

Mr. Rowell.—The Department of Soldiers' Civil Re-establishment maintains hospitals for soldiers.

Mr. Fielding.—These are military hospitals.

Mr. Rowell.—Yes, and hospitals wherein men who have been soldiers are cared for. But the ordinary hospitals of the country, with the exception of the marine hospitals, are wholly under the jurisdiction of the provinces.

Mr. Fielding.—The object of this measure must appeal to us all, especially in the light of the statistics the minister gave us the other night as to the alarming loss of child life. What I fear

most is that the Act is so general and so vague that we shall have a large and necessarily expensive organization, the object of which is excellent, but which will have nothing in particular to do. According to the wording of the Bill, we are to have co-operation, co-ordination—a great word in these days—conservation, inspection, and supervision, but there is nothing specific to do. One is almost reminded of the reference frequently seen in the comic papers to the man who is "all dressed up and no place to go." I do not say this in a spirit of objection; but I shall offer a suggestion as to something for this department to do—and it has a bearing on my question with regard to the hospitals. There is in the Mother Country and in some of our neighbour States quite a large body of what I may call social legislation of a progressive character—legislation respecting minimum wages, old age pensions, and a variety of things of that nature. To all of these we must hereafter give more attention than we have in the past, but we cannot deal at once with them all. One class of legislation that, I think, might well engage the particular attention of this department is the encouragement and extension of maternity hospitals. Talking not long ago with the manager of an organization of charities in one of our large cities, I was much interested in the account he gave of the work in which they were engaged. He said—not in a boastful way—"We are looking after our people from the cradle to the grave. We do better than that: we anticipate the cradle, because we are organizing maternity hospitals." There are in some of our communities—including Ottawa, I am glad to say—a number of these institutions. They are necessarily local in their character; they are all more or less expensive, because they have to charge fees. But if there is anything in the way of social legislation which we should deal with seriously, it is the taking of steps to provide that the woman who is approaching the time when her child is to be born shall be surrounded by all the conditions which will give her comfort, which will give her medical attendance, which will give her proper food and rest both before and after the time when the child is born. That is the best kind of work for the conservation of child life. Where there is a hospital of this character it might well come under the direction of this department, and where there are not such hospitals, they might well be established. I do not mean to say that any uniform plan could be adopted, but wherever there is such a hospital, I should like to see this board get in touch with it and see that it is encouraged. This is clearly a case where there could be co-operation between the federal, pro-

vincial and local authorities, and it is a most promising field for useful work. Indeed, I know of no branch of social legislation which offers such large opportunities. I do not need to dwell on the subject, because hon. members who are of the medical profession can say all that I can say and say it much better, but if there is in the world anything in the way of social legislation which we need, it is something which at that critical time in the life of the mother and child will ensure that she is provided with medical attendance, comfort, food, and all the conditions which will go to enable her to perform the function of motherhood with safety to herself and benefit to the community at large.

Mr. Sheard.—The only aid which the federal Government could, under the British North America Act, give in the case referred to by the hon. member for Shelburne and Queen's (Mr. Fielding) would be a subsidy or a monetary grant to hospitals in the counties. Eleemosynary institutions and all hospitals, specifically mentioned in the British North American Act as being under the control of the legislatures of the various provinces. That is the only reason why, I fancy, this Bill has not undertaken to set out what has been mentioned.

Mr. Fielding.—I do not wish to say that the Bill should set this out specifically. I am quite content, if the object is a good one, to leave it in the hands of the minister. I repeat my first statement, that in many things which are distinctly within the control of the provincial legislatures, we are yet dabbling a good deal. The road question is a distinctly provincial one, and yet we are delving into it; and if this matter is taken up, I am sure we shall find a great deal of co-operation on the part of the local and provincial authorities who will permit my hon. friend to do something. I find that, while we are all sensitive in this matter of provincial rights, when any proposal made to encroach upon provincial rights is accompanied with a generous grant, there is not generally very much objection.

Mr. Rowell.—With all that the hon. member for Shelburne and Queen's has said as to the importance and urgency of the question he has raised, I am in most hearty accord. I think, however, it is a matter coming within the jurisdiction of the provinces. So far as the Federal Government may act, I think, that power is to-day conferred by subsection (a). Subsection (b) was added to (a), and (a) now provides for co-operation with the provincial, territorial, and other health authorities in the conservation of child life and the promotion of child welfare. Those words are, I think, broad enough

to cover what my hon. friend has in mind, and if Parliament should see fit to make a grant for such purposes, it would be quite competent for Parliament to do so.

Mr. Peter McGibbon.—I should just like to support the expression of the hon. member for Shelburne and Queens. I recognize the constitutional objection, but I also recognize that in the interest of this country many so-called constitutional objections will have to disappear in the future. In my judgment there is nothing that would do more good to help a lot of needy people than the suggestion the hon. member has thrown out, and I am in favour of going even further and giving every poor man, woman and child in this country free medical service from the cradle to the grave. I believe the time is coming when we shall have to do this in the national interest.

Mr. Steele.—I should like to add a few words to express the pleasure I have felt in seeing the unanimity that has existed throughout the whole discussion in committee on the question of the establishment of a department of health. If there is one matter that had been proposed to be put under that department that has met with more perfect unanimity than any other it is child welfare. From the Atlantic to the Pacific prominent people who are deeply interested in this subject have expressed their hearty approval of the establishment of a federal department of health, if for no other reason than that the subject of child welfare might receive greater attention and consideration. I want especially to express my pleasure that, on this occasion at least, Quebec an Ontario can stand hand in hand in support of that which is going to be a great blessing to both provinces. This is a question on which Ontario and Quebec are not disunited. We have evidence of that in the expressions of hon. members from Quebec to-night and on previous occasions. I want to quote an extract from an article published in *La Presse* a few weeks ago. That paper, which I understand has, perhaps, the largest circulation of any French paper published in the country——

Mr. Lemieux.—Of any paper in Canada.

Mr. Steele.—The largest circulation of any paper in Canada. That magnifies the value of expressions of opinion by *La Presse*. It says, relating to child welfare:—

> At a time when war and another evil not less cruel than war has thinned our ranks, who will refuse to admit the necessity of making an urgent effort to fill the void? The time has come when more attention than ever should be paid to guarding the cradle.

That brief extract expresses in a few words the sentiment of the great majority of the people of this country. *La Presse*, I have no doubt, had in view conditions which unfortunately prevail in Quebec, and which, perhaps, place that province—and I am saying this in no disrespectful spirit— in a place by itself in this country as regards infant mortality. I should like to quote the fiugures just to illustrate that. If I compare Quebec with Ontario, hon. members will understand that I am not doing it for the sake of disparaging Quebec, but simply to show how the infant mortality rate in Quebec can be improved in the future. In 1915, there were in Quebec 83,274 births, with 12,775 deaths under one year of age. That is a terrible percentage. In Ontario—and Ontario is not by any means in the first class in this respect, because some of the other provinces stand higher than Ontario, but I use the Ontario figures because they are the only ones I have—there were 67,032 births in 1915, with 6,838 deaths under one year of age. With about 20 per cent. more births in Quebec in that year, there were very nearly 100 per cent. more deaths under one yar of age, and if we carry that to deaths under four years of age, we find the discrepancy still greater. To illustrate the matter still further, let me quote the figures for Montreal and Toronto.

In 1916, in Montreal there were 186 deaths of children under one year of age for every 1,000 births. In Toronto in the same year, the number of deaths was only 93 per 1,000 births, or exactly one-half. There are many cities in which the mortality is less than that, but throughout the whole province of Quebec and the city of Montreal there is great room for improvement, and I would urge on the people of Canada a careful consideration of the views expressed by La Presse.

Mr. Beland.—I do not rise to contradict any of the statements made by my colleague and friend, the hon. member for South Perth (Mr. Steele), but rather to corroborate to a certain extent what he has said, especially as regards the co-operation that should exist between Ontario and Quebec. I am sure that not only in the matter of public health but on many important public questions both provinces can by mutual good will accomplish an enormous good for the country. There is no doubt that the introduction of this Bill has engendered some anxiety on the part of those who are sensitive on the subject of local autonomy, but after a careful study of it, and in view of the amendments which have been introduced and accepted by the Government, I think that sufficient guarantee is afforded for the strict preservation of provincial rights. The hon.

member for Shelburne and Queens referred with a touch of ridicule to the word "co-ordination," but it seems to me that the bringing under one control of the different activities of the Federal Government in its relation to public health, is rather advisable. The Department of the Interior, the Department of Agriculture and the Inland Revenue Department, have all something to do with the general subject of public health, and who will deny that the co-ordination of these branches under one head would make for effective and efficient service? The British North America Act does not assign the matter of public health to either federal or provincial jurisdiction; but it is evident that in certain cases, for instance, the inspection of schools, the jurisdiction would be in the provinces. In some of the larger fields, such as preventing the propagation and dissemination of contagious diseases, the question of jurisdiction may not be so clear, but up to the present time the most important matters connected with public health have been under the jurisdiction of the provinces, and in accordance with this interpretation of the British North America Act, provincial boards of health have been established all over Canada. My hon. friend from South Perth, doubtless without any ill design on his part, made particular reference to the situation in Quebec regarding the high infantile death rate. I may say that the Provincial Board of Health of Quebec is one of the best organized in Canada, and Quebec was the first province to be divided into sanitary districts. It has ten such districts, and at the head of the organization is a sanitary inspector who holds a diploma of public health issued by a university. There are in Quebec, and probably there may be in Ontario and the other provinces, elaborate laboratories of chemistry and bacteriology to which physicians have access in the diagnosing of diseases, and to which samples of milk and drinking water can be brought for analysis from any part of the province. There is also a very efficient department of statistics.

Mr. Manion.—Have you a research department?

Mr. Beland.—We have not, except for the purpose of ascertaining whether water that is meant for public use is potable.

Mr. Manion.—That is not research.

Mr. Beland.—No. As far as school hygiene is concerned, there is an effective system, but I confess that the rate of infantile mortality is higher in Quebec than in some other provinces. One must not overlook the fact, however, that the population in Quebec is very thinly spread over quite a large territory and also that the birth-rate is much higher. It will be obvious, therefore, that famil-

ies experience a greater degree of difficulty in caring for their children. In this respect a considerable improvement has taken place in the last ten years, especially in the city of Montreal. Regarding nuisances, dwelling and industrial establishments, we have laws in the province of Quebec that call for the highest praise and admiration. During the last session of the provincial Legislature measures were adopted which I think deserve the commendation of all who have at heart the advancement of public health. Coming to the more delicate subject which has been touched upon by the hon. member for Shelburne and Queen's venereal diseases, on the recommendation of the Superior Board of Health legislation was adopted during the last session of the Legislature. I will not delay the work of the Committee by reading that law, but it contains three very important clauses which were inserted in the Public Health Act of Quebec. I have no objection at all to inserting in this Bill a clause referring to the establishment of a bureau or laboratory for scientific research. Provided we are assured there is no intention of infringing or encroaching upon the rights of the provinces, we on this side of the House as well as hon. gentlemen on the other side, are willing to co-operate with the Government.

Mr. Trahan.—I dsire again to refer to section 5 which reads as follows:

> The Governor in Council shall have power to make such regulations as may be necessary to give effect to and carry out the objects of this Act, and to impose penalties for any violation of such regulations.

I am not inclined to give many powers to the Governor in Council. With regard to this question of inflicting penalties, we have had during recent times examples which are not very reassuring to us. If the Government use this power in the same manner as they have used similar powers in the past, the burden will be a very heavy one. I would be very glad if the minister would drop the words "to impose penalties for any violation of such regulations." If he is not willing to do so I am of the opinion the amount of the penalties should be limited in the Act. It will not be very satisfactory if the Government, by Order in Council, inflict a penalty of $5,000 for a violation of the regulations. As an alternative I would suggest that the words "not exceeding $25", or "$50," be added after the word "penalties."

Mr. McMaster.—In order that the operation of this law, may be successful, it must proceed along lines of co-operation, co-ordination, harmony and peace. Why have penalties at all? If it is found

in the operation of the Act that co-operation, co-ordination and other considerations of that kind are not sufficient, then the minister may come back at a future day and ask us to "make the punishment fit the crime." Let us adopt the principle of trusting the people, of trusting the provinces. Let us strike out those words giving power to impose penalties and appeal to the good sense and reasonableness of the people as a whole. I imagine that the operation of this Act would have to do largely with provinces and municipalities. Let the Big Stick not be in evidence at the beginning of this matter.

Mr. Rowell.—The clause is simply the usual one in Bills of this kind.

Mr. McMaster.—But this is a very unusual Bill.

Mr. Rowell.—Where you have the power to make regulations, if those regulations are to have any effect, there must be the usual provision for a penalty. There is no danger of harshness under this Bill. My hon. friend is quite right in saying that the whole framework of the measure contemplates co-operation. That is evident from the very next clause providing for a federal council of health bringing in all the chiefs of the provincial departments. My hon. friend surely does not seriously think there is anything wrong with the clause.

Mr. McMaster.—I would dislike the Committee to think that I would take up the valuable time of this House in presenting a proposition that was not serious. If you have to deal with a man or woman along the lines of co-operation and co-ordination I would advise the minister that it would be well to keep penalties in the background. I understand that in a new department of this sort some latitude may be given to the Government to make regulations by Order in Council—much as we dislike that method—but you will not be able to get people to co-operate with you if you hold heavy penalties over their heads. I think it is well not to have these words in the Bill.

Mr. Nesbitt.—Where you are administering the Quarantine Act, the Adulteration Act and such Acts as that, you must have penalties in order to give the Government power to carry out the provisions of these Acts.

Mr. Devlin.—I agree with what hon. members on this side of the House have said. I think this Committee should have some idea at least of the penalties that are going to be imposed before Parliament is asked to sanction penalties.

Mr. Rowell.—The penalties would absolutely depend upon the character of the regulations. You will see that there is power here to deal with the inspection and medical care of immigrants and seamen, the administration of marine hospitals, and the supervision of railways, boats, ships, and all methods of transportation. If you were dealing with transportation companies you would have to have an absolutely different penalty from that for some offence of a private individual of a different character. That is the reason why it is difficult to specify it. It depends entirely on the character of the offence and of the party with whom you are dealing.

Mr. Devlin.—I just imagine that would be the case, and therefore I think there is a great deal to be said for what my hon. friend from Nicolet (Mr. Trahan) advances, that you should have a maximum and a minimum penalty so that you can work in between the two.

Mr. Rowell.—I have no objection to making the maximum $200. The penalty is very moderate, particularly if you are dealing with corporations.

Mr. Verville.—If I understand the object of this Bill it is to protect a certain class of people to a certain extent against another section of the community. Those against whom the penalty is aimed can well afford to pay it. Anybody who does not observe the regulations should be fined, and heavily fined, because sometimes it happens in the case of a large corporation that it will pay a very large fine and not observe the law at all. I have seen that occur in the past.

On section6—Dominion Council of Health.

Mr. Rowell.—I would suggest that "three" be changed to "five" in the fifth line of this section, relating to the number of members to be appointed.

Mr. Beland.—Is there any special reason why the number should be increased?

Mr. Rowell.—It has been represented to me, since the Bill was drafted, that on such a council it may be very desirable to have, say, the President or Chairman of the Canadian National Society of Social Hygiene, or a man of that type. Then it is contemplated, I understand, to form a national organization for the purpose of combatting venereal disease. If such an organization were formed it would be a very proper thing to have the chairman of it on this board. Furthermore, having regard to the very deep interest which organized labour is taking in this Bill and in its promotion; I think it would be desirable to have a representative of labour on the

board. And there certainly should be a woman representative, for very good reasons. I have, therefore, thought it wise to increase the number of representatives from three to five, so as to make it possible to include representatives of those interests that are so directly concerned with matters of public health.

Mr. Beland.—Is it contemplated to give any remuneration, beyond expenses, to these five members of the proposed council?

Mr. Rowell.—No, it is not contemplated to give them any remuneration.

Mr. McMaster.—I suggest a verbal alteration which may not be necessary, but will perhaps tend to indicate more clearly what is contemplated. I propose to insert in the second line from the bottom the words "in respect of this Act." The section will then read that the Council "shall be charged with such duties and powers in respect of this Act as the Governor in Council may prescribe."

Mr. Rowell.—I have no objection to the amendment, although that is what the section means in its present form.

Mr. Keefer.—Before we leave section 6, I would like to call the attention of the Committee to the fact in substance this clause was the result of a resolution of the medical conference held in 1866. My hon. friend the member for Fort William (Mr. Manion) was too modest the other night when he was seeking not to give to his own profession the credit that this Bill deserves. I have had something to do with the medical profession in connection with this Bill, and have also assisted the President of the Privy Council with respect to it, and I have found out that the first demand for a Public Health Act came from the medical profession. It was in March, 1866, when an epidemic of cholera was threatening the country. A medical conference was called at Ottawa, and during its session the following resolution was passed—and hon. members will see how much in substance it corresponds to the section under consideration:

> On the Government devolves the duty of the general organization, of the gathering of the forces, of the promulgation of general information, of the external surveillance. It is its duty to keep a grave watch and to defend the approaches if they can be defended. It is also its duty to institute a Central Board of Health with whom all other boards and even individuals can correspond.

I congratulate the medical profession upon having, as a result of their consistent labours, at last secured a Public Health Act that, I think, meets with the approval of everybody, notwithstanding the

abuse in the public press. I do not belong to the medical profession, and therefore I feel, with my hon. friend from Brome (Mr. McMaster), that we can refer to it with perfect impartiality. We sometimes read in the press slurs upon the profession, and rather slighting reference to allopathists. If I understand this Bill at all it is going to the very root of the medical profession, and if its aims are achieved one might almost find the medical man like Othello, out of a job. The whole object of this Bill is not curative, it is preventative. What does it advocate, and what do the medical profession advocate? Pure milk, pure water, pure food, pure drugs and hygienic conditions. And it seems so strange, under the circumstances, to notice such criticism of the medical profession in the public press in many parts of the country.

Mr. McMaster.—The press men, when they get sick, call in a doctor just the same as we do.

Mr. Keefer.—I did not know that was the situation.

Mr. Lemieux.—Or call in the undertaker.

Mr. Keefer.—Before leaving the subject I would like to congratulate the House upon the passage of legislation which in my judgment will confer more benefit upon the workers of this country than any other piece of legislation this House has enacted. Health can be bought by the rich, but it is those without large incomes who are the sufferers from the contagious diseases against which this Bill is directed. Therefore, I think this Bill, when it goes into effect, will do more in the long run for the welfare of the workers of this country than any other piece of legislation that has ever been passed by Parliament.

Mr. Manion.—I must take exception to the statement of the hon. gentleman (Mr. Keefer) that I tried to take away from the medical profession any credit for this Bill. I remember my words very distinctly, and if the hon. gentleman will take the trouble to look them up in Hansard he will find that what I said was that the labour organizations were among the first to advocate the creation of a department of public health. Those were my words and I adhere to them.

Mr. Keefer.—The medical profession were the first to advocate it, in 1866.

Mr. Manion.—I do not dispute that, and I presume that if the hon. gentleman went back a couple of thousand years he would find an even earlier advocate in the person of Aesculapius. I did not say the medical profession were not the first, but I did say that the labour organizations were among the first in their advocacy of

this measure. The hon. gentleman would have acted with more fairness if he had quoted me as pointing out that the medical profession were supporting the establishment of this department whole-heartedly and very high-mindedly, because that was the statement I made.

Mr. Devlin.—Before the section passes, I would ask the President of the Privy Council whether, in view of the uncertainty that exists throughout the country, he can state who will be the minister at the head of this department, whether it will be a medical practitioner or a layman?

The Western papers contain statements to the effect that the hon. Minister of Immigration (Mr. Calder) is to be appointed. Would it be a breach of confidence on the part of the hon. minister to enlighten the House?

Mr. Rowell.—I am afraid I cannot add anything to what I said last week in regard to that matter.

Section agreed to.

Mr. Rowell.—This will be added as section 7:

Nothing in this Act or any regulation made thereunder shall authorized the minister or any official of the department to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other health authority operating under the laws of any province.

Amendment agreed to.

The Chairman.—Section 7 now becomes section 8.

(*Continued in our next issue*).

The Social Background

Sickness and Poverty

Miss E. Dyke

THE most important fact about the subject to be considered for the next half-hour is that we don't want people to be sick and we don't want people to be poor. When we find anyone both sick and poor, we act at once and think afterwards. On sober second thoughts, we may find that our actions were not wisely directed and the lessons of "The Essentials of Adequate Investigation" and "Sources of Information Regarding the Family" come accusingly to mind. As good social workers we keep in touch with the family if they allow us to do so, in order to prevent, if possible, a recurrence of the conditions which called us into the home.

Action must be prompt, however, where sickness is concerned, not only for the patient's sake but frequently also in order to prevent sickness in others. This is one reason for having experienced workers for the sick poor—workers who are capable of forming quick and safe judgments along both medical and social lines.

Municipalities and individuals are prompted by the same motives after all and we find Toronto spending $492,309.75 last year for the care of its sick poor in hospitals—$457,553.08 for in-patients and $34,765.67 for out-patients. Perhaps on sober second thoughts, Toronto may find that this money might have been productive of more good if all the facts had been analysed and careful plans drawn up but 7,500 patients have been housed in hospitals and 105,012 visits have been made by patients to the out-patient departments. The medical and nursing staffs of eleven hospitals have given of their skill with little or no payment. Sickness has been healed and in that healing, other sickness in the patients and friends has been prevented.

The fact, however, is sobering that for some reason thousands of people in Toronto cannot meet urgent medical expenses. We shall presently consider also whether still others are receiving adequate medical care.

In preparation for this discussion, the public health nurses prepared reports of actual distress conditions in which poverty and sickness play a combined part. One of these many reports is as follows:

"It has been quite easy to get instances of cases where sickness has produced poverty, in fact we could multiply them indefinitely, but we find it quite another matter to produce the cases where poverty has been the cause of sickness. We find invariably, in trying to get at the root of things there is always some complicating factor, such as mental deficiency, drunkenness, etc. I think it requires a protracted period of unemployment to produce any definite results in the way of illhealth, and Heaven forbid that we should have that.

Of course we have several families whose physical condition is below par because of the low wage or the irregular wage of the breadwinner, and then again we are confronted with the problem of mental deficiency or of lack of education for one's trade. It is all a vicious circle, isn't it?"

The following four points are an attempt to group the facts illustrated by stories submitted by the city nurses.

1. Sickness gives rise to poverty. Various estimates have been made of the percentage of poverty due to sickness, but so many factors enter into any case of poverty and of sickness that estimates are difficult and perhaps unreliable. Sickness of some member of the family or of the wage-earner has often proved to be the first step in the downward trend of an otherwise promising stock. Expensive medical and nursing care, early hastily-chosen occupation for the children, removal to a cheaper district, breaking of old associations, and poverty with recurrent sickness, preventing a return to a position of self-maintenance and respect are familiar stories to the social worker.

2. Poverty gives rise to sickness. A study was made in 1908 of the death rate on Eastern Ave. and in Rosedale, with special reference to the infant mortality. Eastern Ave.'s death rate was 20.2 for the whole and 250 per thousand births for the infants. Rosedale's death rate was 9.1 for the whole and 113.4 per thousand births, for the infants. This finding is duplicated the world over with still greater disproportion when the poverty conditions are intensified.

The reasons are not hard to find. Poverty means the close contact of individuals in the homes, the workshops, and the street cars, with the result that germs are transmitted readily from one individual to another. Poverty may mean a poor education in home-making and all that makes for health. It may mean no bath tub and infrequent changes of clothing. It may mean a cold house in winter and a hot one in summer. Poverty invariably brings fatigue and lack of normal recreation, two predisposing causes of excesses which are injurious to health. Well educated and well disciplined folk would find it difficult to maintain health in poverty conditions.

Still another aspect of the poverty question is that a family does not seek medical advice and treatment early enough in illness. How many

small wage earners have a dental examination every six months? And yet the British Army found thousands of men unfitted for active service solely on account of defective teeth. These men must have been inefficient in industry for the same reason.

Failure to seek early medical diagnosis is followed by an early return to work after illness. Not many small wage earners have been able this year to convalesce wisely after the "flu" and mothers have taken up the burden of a household too early, with unfortunate results to every one in the home.

3. The average income does not provide for medical care. Wage-earners able to meet all other necessary expenditures cannot pay for medical service. A careful study of budgets in several American cities before the war, demonstrated that a typical family of five persons required at least $850 to $900 income in a year to maintain mere physical efficiency. The amount set aside in this budget was from $18 to $25 for medical, dental and nursing service, and also medicines. This would be insufficient to meet the serious illness of one member of the family. The illness of the wage earner would cancel the income. It was estimated that families with incomes from $900 to $1,200, while above the poverty line, cannot meet the cost of serious or prolonged illness or especially expensive services, even when these do not affect the chief wage earner.

4. The full advantage of medical science are not at the disposal of the average citizen.

A strange situation has developed in large cities providing free medical service for the poor in connection with general hospitals. Medical science has developed rapidly and specialists have developed for every physical ill. The wealthy man with an obscure ailment is passed from specialist to specialist until the cause of the condition is discovered and dealt with. The poor man consults the out-patient department of a hospital and if it is a good one, is referred from one department to another where expensive equipment and skilful service are at his disposal until the cause of *his* condition also is discovered and dealt with. The small wage-earner consults his family physician, who may recognize the need for consultation with a specialist, but realizes that the patient cannot pay the bills and says nothing. Unnecessarily prolonged illness with its train of evils results.

Every large city which is fortunate, as Toronto is fortunate, in having a medical college, has at its command the best that advancing medical science can give. It is a question whether such a community can afford to allow poverty or a small income to present a barrier between an individual and the degrees of health which medical science can secure to him.

In order to produce intelligent voters the community undertakes to give each child a minimum of education, organizing the teaching resources of the community on the most efficient basis and distributing the cost over the entire population. The medical resources of Canada, however, are not organized as the teaching resources are organized, and each individual is expected to decide upon the doctor he needs and is expected to pay for that doctor's advice, even though the sickness itself has reduced the ability to pay.

Toronto is spending money generously for its sick poor. Some day when Toronto has learned to be a good social worker it will make a thorough investigation into the medical needs and resources of the community, with a view to drawing up a constructive health programme.

Victorian Order of Nurses

1. The Victorian Order of Nurses of the City of Toronto cared for 1,400 maternity cases and made over 35,000 visits during the year. They attended to nearly one-eighth of the maternity cases of the entire city, and Miss Hall, the lady superintendent, 281 Sherbourne St., who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letter from, and give information to qualified applicants.

2. The work of the Victorian Order of Nurses in the city of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V.O.N. nurses are at present housed at the headquarters building, 281 Sherbourne St., but with the additional staff, the premises will have to be enlarged or new quarters found. Miss Hall, the lady superintendent, will be pleased to receive applications.

3. The Victorian Order, Toronto branch, have recently opened two new suburban districts and the nurses have been provided with automobiles, with which to make their calls, and it has been found that this has been of considerable help to them in making more visits and covering greater distances. We are given to understand that Miss Hall, 281 Sherbourne St., is anxious to add several nursing assistants to her staff.

4. The Victorian Order of Nurses of Toronto are in receipt of many letters of appreciation for their work during the influenza epidemic, and Miss Hall, the lady superintendent, is congratulating herself and feeling very grateful that none of the nurses were afflicted with the disease. Doctor Hastings, M.O.H. of the city of Toronto, writes: "I have to express to the V.O.N. our keen sense of gratitude for their valuable co-operation during the influenza epidemic in this city".

Canadian Public Health Association Meeting

THE Eighth Annual Congress of the Canadian Public Health Association held in joint session with the Ontario Health Officers' Association was an unqualified success.

The meetings were held in the Physics Building of the University of Toronto on May 26th, 27th and 28th. It was the most successful gathering since the Regina meeting of 1913, and from the standpoint of attendance and programme, one of the most successful meetings yet held.

The various Section meetings were extremely well attended, notably the Sections of Child Welfare, Mental Hygiene and Social Hygiene. The evening meetings in Convocation Hall were open to the general public, and interesting addresses were heard from Colonel E. L. Keyes, M.C., U.S.A. of New York and Mr. Russell of the War Department's Committee on Training Camp Activities, on Monday night when various phases of the Venereal Disease problem were discussed. On Tuesday evening Colonel Thomas W. Salmon, M.C., U.S.A., delivered a most lucid address on Mental Adaptations under the auspices of the Canadian National Committee for Mental Hygiene. Dr. Mary Sherwood of Baltimore in the Section on Child Welfare, and Miss K. Olmstead in the General Session, gave valuable papers on "Some Problems in Child Welfare" and "Community Nursing", respectively. A symposium on Influenza was held on Monday afternoon when Dr. Wade H. Frost of the U.S.P.H.S. Washington, D.C., Dr. Augustus Wadsworth of Albany, N.Y., and Lt.-Col. J. S. W. McCullough of Toronto, read papers.

The entertainment provided included a tea at the Royal Ontario Museum on Tuesday afternoon when Mrs. A. M. Huestis, Toronto, and the President, Dr. Hutchinson received the guests. A visit to the University Farm and the Connaught Antitoxin Laboratories and a motor drive around the city were other features of the closing day.

Dr. George D. Porter, who since the organization of the Association has been its Treasurer resigned his office this year. A fitting tribute to Dr. Porter was paid by Dr. H. E. Young of Victoria, B.C., at the annual general meeting. The Association owes not a little to its late Treasurer and it was with the greatest regret that his resignation was accepted. Dr. J. G. Fitzgerald, General Secretary since 1916, also resigned at this meeting and was succeeded by Dr. R. D. Defries, to whom a great deal of the credit of the success of the 1919 meeting is due. The Association is to be congratulated on electing as President, Dr. H. E. Young of

Victoria, B.C. The 1920 meeting of the Association will be held in Edmonton, Alta. The full list of new officers is as follows:

Patron: His Excellency, The Governor-General.

Vice-Patron: Sir Robert L. Borden, P.C., G.C.V.O.

Honorary President: His Honour, Lieutenant-Governor, Robert Brett, Edmonton, Alta.

President: Dr. H. E. Young, Victoria, B.C.

Vice-Presidents: Dr. J. A. Amyot, Toronto; Hon. Dr. Wm. F. Roberts, St. John, N.B.; Mrs. Colin Campbell, Winnipeg, Man.

General Secretary: Dr. R. D. Defries, University of Toronto, Toronto.

Treasurer: Dr. Fred. A. Adams, Municipal Laboratories, City Hall, Toronto.

Executive Council: Dr. R. H. Mullin, Vancouver, B.C.; Dr. F. T. Underhill, Vancouver, B.C.; Dr. H. C. Jamieson, Edmonton, Alta.; Dr. T. J. Norman, Edmonton, Alta.; Dr. M. R. Bow, Regina, Sask.; Dr. F. C. Middleton, Regina, Sask.; Dr. A. J. Douglas, Winnipeg, Man.; Dr. Gordon Bell, Winnipeg, Man.; E. E. Keefer, Esq., M.P., Port Arthur, Ont.; Dr. J. G. Fitzgerald, Toronto; Mrs. A. M. Huestis, Toronto; Dr. A. H. Desloges, Montreal, Que.; Mrs. C. K. Russell, Montreal, Que.; Dr. E. Nadeau, Quebec, Que.; Dr. G. G. Melvin, Fredericton; Dr. H. L. Abramson, St. John; Dr. H. D. Johnson, Charlottetown, P.E.I.; Dr. H. MacNeill, Summerside, P.E.I.; Dr. A. G. Nichols, Halifax, N.S.; Dr. Clarence Miller, Stellarton, N.S.

Past Presidents: W. H. Hattie, M.D., Halifax, N.S.; T. A. Starkey, M.D., D.P.H., Montreal; Chas. A. Hodgetts, C.M.G., M.D., Ottawa; J. W. S. McCullough, M.D., D.P.H., Toronto; M. M. Seymour, M.D., D.P.H., Regina; C. J. Hastings, M.D., Toronto; J. D. Pagé, Quebec; J. A. Hutchinson, M.D., Westmount.

Place of meeting 1920—Edmonton, Alta.

The Provincial Board of Health of Ontario

Under Section 52a. of the Public Health Act provision is made for the settling of disputes in respect to salary as between the Medical Officer of Health and the Council of the Municipality. A just decision given under this statute was made by Judge Gauld in respect to the application of Dr. Roberts, Medical Officer of Health of the city of Hamilton. This decision is given in a despatch to *The Globe*, as follows:

"Hamilton, June 3.—Judge Gauld to-day gave his decision in the application to him by Dr. Roberts, Medical Officer of Health, to fix his salary. His Honor ruled that the city should pay Dr. Roberts $5,000 per year, holding that he considered the doctor entitled to this sum for the important duties imposed on him, according to the size of Hamilton. Early in the year, when the city council was dealing with the salary matter, Dr. Roberts requested an advance. The Salary Committee recommended that he be given $3,500, an advance of $500, and it was understood at the time that this would have been satisfactory to Dr. Roberts. The Council, however, reduced the $500 to $200, making the yearly salary $3,200. Dr. Roberts objected, and appealed to the judge, who has power under the Public Health Act to deal with the matter."

News Items

The Eighth Annual Congress of the Canadian Public Health Association and the Eighth Annual Meeting of the Ontario Health Officers' Association, held in Toronto on May 26th, 27th and 28th was a great success. An account of the meeting appears elsewhere in this issue.

A Branch Laboratory of the Provincial Board of Health of Ontario is to be established in Fort William. This laboratory will serve a large and growing population and will doubtless be greatly appreciated.

Colonel Charles A. Hodgetts, C.M.G., Medical Adviser to the Commission of Conservation, Ottawa, has been recommended by the Ottawa

branch of the Great War Veterans' Association for the post of Deputy Minister of Health. The recommendation was forwarded to the Acting Prime Minister, Sir Thomas White.

Captain Fred Adams of the Laboratories of the Department of Health, Toronto, has returned from overseas and has again taken up his civilian duties.

Physicians and all those interested in the functioning of the Workmen's Compensation Act, Ontario, would do well to write for a copy of Circular 2 (3rd edition, May 1919), entitled "Synopsis and Operation of the Workmen's Compensation Act, Ontario". It is a most useful and illuminating little document and may be had on application to the Workmen's Compensation Board, Normal School Buildings, Toronto, Ontario.

A large and representative meeting of those interested in the Venereal Disease problem was held in Ottawa, on May 29th, 30th, 31st. The conference was arranged by the Dominion Government and a full and free discussion of various features of the problem resulted. The organization of a National Council for Combating Venereal Diseases was initiated. Full details of this appears elsewhere in the JOURNAL.

Editorial

Diphtheria Deaths

THE mortality from diphtheria has already received editorial consideration in the JOURNAL. It has been pointed out, instancing the Province of Ontario as an example, that even where an excellent laboratory diagnostic service is provided, where diphtheria antitoxin is supplied gratuitously and every effort made to assist physicians by maintaining the diagnostic service and antitoxin distribution plan at a high level of efficiency that deaths from diphtheria still occur in large numbers. The conclusion is forced home that only by a campaign of education carried on insistently and continuously amongst members of the profession and the general public can conditions be improved; therefore, it is felt that without in any way minimizing the effort directed towards improving conditions generally in public health, a very determined effort should be made in every municipality in Canada to make the following facts known to every Canadian citizen: Diphtheria deaths can be prevented; of every 100 cases of diphtheria (in the city of Philadelphia between the years 1910 and 1914) seen by a physician and treated with antitoxin, only 1.1 cases died; of every 100 cases seen by a physician after the seventh day of illness 11.4 died! The difference between the results obtained when antitoxin was given on the first day of the illness and when given on the second day was the difference between 1.1 deaths per 100 cases, and 5.6 deaths per 100 cases! Your child has 4.6 times the chance of recovering from diphtheria, if the doctor is called on the first day and gives antitoxin, than it has if you delay calling the doctor until the second day!

Let every municipality carry on a campaign along the following lines: 1. Place a notice in the Post Office, on which the following information is printed or written: Every death from diphtheria is preventable. If your child has a sore throat call the doctor. If your child has been exposed to persons who have developed diphtheria have your doctor take a swab from the child's nose and throat to ascertain whether your child is harbouring diphtheria germs. Physicians, do not fail to take a swab from every case of sore throat as soon as you are called to see the patient: administer antitoxin on the first day of diphtheria whenever it is within your power to do so.

Similar information should be disseminated by teachers in schools, when they reopen after each vacation. Let the slogan of every municipality be—No preventable diphtheria deaths in our community!

Co-operation

Working together. Are we doing so? Signs have not been wanting during the past two months to indicate that we in Canada have much to learn in the matter of co-operation. Employers and employees, and all those independently engaged in productive endeavour *must* work together. Before we can do so, we must decide to be honest. This honesty is made manifest by each of us applying the principle of the golden rule. And it consists not in talking about it, but in doing it! A sound knowledge of conditions, honesty of purpose and constructive imagination; devoted not solely to personal aggrandisement and the increase of worldly possessions, but actively devoted to the improvement of the condition of our fellowmen. That is co-operation applied in our daily lives. It will make for evolution and not for revolution. It means more than mere lip-service to the ideals which we believe have recently emerged triumphant. Are you for co-operation?